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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4449

|                             |  |              |                        |                                       |
|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/611,703 | FILING OR 371(c)<br>DATE<br>06/30/2003<br>RULE | CLASS<br>356 | GROUP ART UNIT<br>2877 | ATTORNEY<br>DOCKET NO.<br>BOEI-1-1181 |
|-----------------------------|--|--------------|------------------------|---------------------------------------|

## APPLICANTS

Robert W. Turner, Federal Way, WA;  
 Pauline Joe, Renton, WA;  
 Ingrid L. Criswell, Seattle, WA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/25/2003

|   |                        |                     |                    |                         |
|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>WA | SHEETS DRAWING<br>4 | TOTAL CLAIMS<br>32 | INDEPENDENT CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                        |                     |                    |                         |

## ADDRESS

25315

## TITLE

System and method for augmented thermal imagery

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1134 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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